

POWER OF ATTORNEY FOR CARE OF CHILDREN

THIS IS A MILITARY POWER OF ATTORNEY PREPARED PURSUANT TO TITLE 10, UNITED STATES CODE, SECTION 1044A AND EXECUTED BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS THIS POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY, OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY BY THE LAWS OF A STATE, THE DISTRICT OF COLUMBIA, OR A TERRITORY, COMMONWEALTH, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT THIS POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PRESENTED.

KNOW ALL PERSONS BY THESE PRESENTS:

I, _____, residing in the State of _____, the parent of the following minor child(ren),

_____ do hereby state that it is necessary to leave said child(ren) in the care of _____, from _____, 20__ until _____, 20__. The said agent shall have my full permission and consent:

- To give consent for emergency medical treatment as needed by said child(ren) in the event that I cannot be immediately reached at the time of the emergency. The determination of the need for such care may be made by my agent.

- To authorize all necessary medical treatment, including surgery or hospitalization for said child(ren) while within the care of my said agent. Further, my agent is authorized to take any and all other necessary actions to provide for the safety, education, and welfare of said child(ren), including the taking of all steps necessary for enrollment in a public school and the signing of all documents in connection with the care, maintenance, medical treatment, education, and activities of said child(ren).

- To perform any and all parental acts, as fully to all intents and purposes as I might or could if personally present, to include but not limited to discipline, maintenance, supervision, arbitration of disputes, enrollment in school, sports or other activities, and consent to any and all medical care and treatment necessary and appropriate for the general health and welfare of said child(ren).

- To act as guardian for the custody and control of said child(ren) to do all acts and authorize all things he deems necessary or proper for the care, maintenance, control, and custody of said child(ren).

- To act for me and in my name, place, and stead in all particulars for the purposes of providing care, for obtaining food, shelter, clothing, education, and medical care for said child(ren).

Said guardian shall not be required to post bond or any security for the faithful performance of duties.

Said guardian shall be the guardian or administrator of the estate of said child(ren), or of any assets which said child(ren) may acquire or inherit.

Said guardian is further authorized to consent to medical and dental care and treatment for said child(ren) in medical facilities of the United States Government or other facilities, or in a physician's office, including but not limited to inpatient and outpatient care, hospitalization, emergency treatment, ordinary treatment, surgery, anesthetics and any and all other medical or dental care or treatment that may be necessary or desirable for the well-being of said child(ren), as determined by said guardian.

GIVING AND GRANTING unto my Guardian and Attorney-in-Fact full power and authority to do and perform every act, deed, matter and thing necessary, desirable or expedient to accomplish the foregoing specified purposes, including the execution of all documents, as fully to all intents and purposes as I might or could do if personally present.

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I HEREBY RATIFY ALL THAT MY ATTORNEY-IN-FACT SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY-IN-FACT FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING THE SUBJECT OF THIS DOCUMENT AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

I HEREBY AUTHORIZE MY ATTORNEY-IN-FACT TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become null and void on _____.

IN WITNESS WHEREOF, I sign this Power of Attorney at the Marine Corps Recruit Depot, San Diego, California on _____.

GRANTOR

ACKNOWLEDGEMENT BY A MILITARY NOTARY PURSUANT TO TITLE 10 U. S. C. 1044a

County of San Diego)
State of California)

On this the _____ day of _____, 20____, before the undersigned officer, personally appeared the above-signed individual, satisfactorily proven to be (a) serving in or retired from the Armed Forces of the United States, or (b) a lawful dependent of a person serving in or retired from the Armed Forces of the United States, or (c) a person serving with, employed by, or accompanying the Armed Forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same. And the undersigned does further certify that he or she is at the date of this certificate an officer of the Armed Forces of the United States having the general powers of a notary public under the provisions of Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510).

AUTHORIZED TO ACT AS A NOTARY
PUBLIC UNDER THE PROVISIONS OF
SECTION 1044a OF TITLE 10 OF THE
UNITED STATES CODE AND SECTION
1183.5 OF THE CALIFORNIA CIVIL
CODE. NO SEAL REQUIRED BY LAW.

Notary Public

Name of Officer and Position: _____, Legal Assistance
Grade and Branch of Service: _____, USMC
Command or Organization: MCRD San Diego

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OR ACKNOWLEDGEMENT BY A NOTARY PUBLIC

County of San Diego)
State of California)

On _____ before me, _____, personally appeared _____

☐ Personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledgement to me that he/she/they executed the same his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s), acted, executed the instrument.

WITNESS my hand and official seal.

NOTARY'S SIGNATURE